

Vermont Mental Health Performance Indicator Project
DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani, Monica Simon, and Sheila Pomeroy

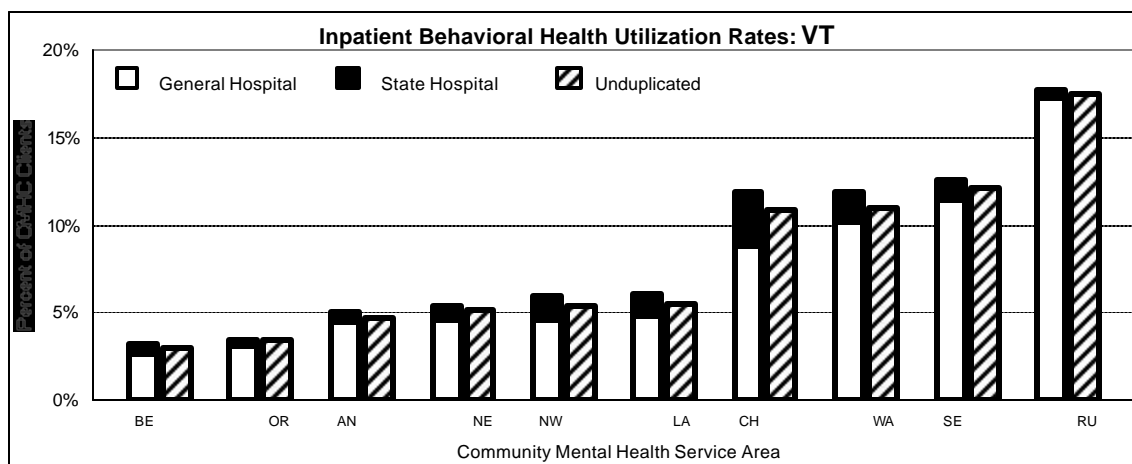
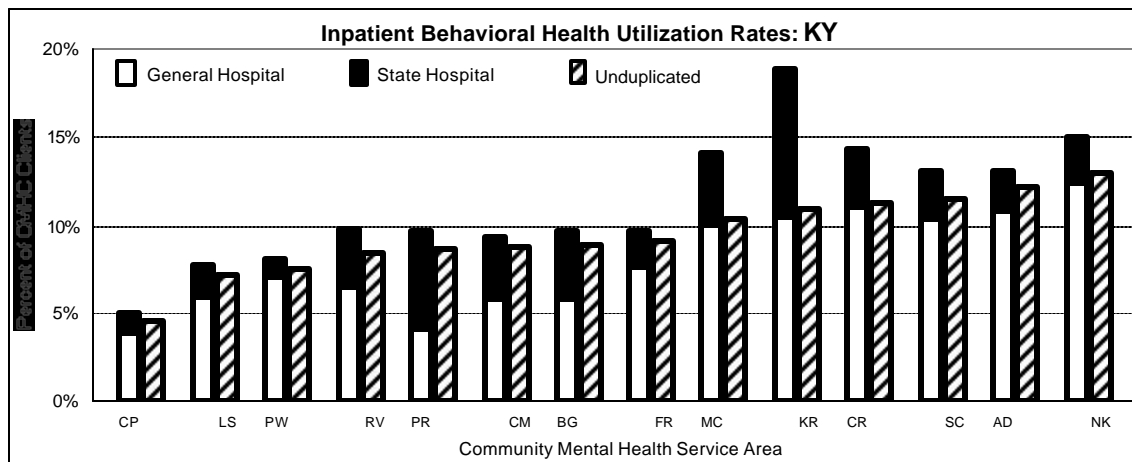
DATE: February 13, 2004

RE: CMHC Clients in State and General Hospitals
In Vermont and Kentucky

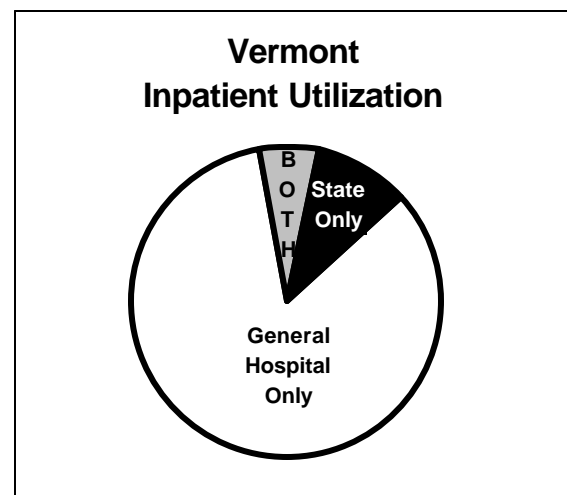
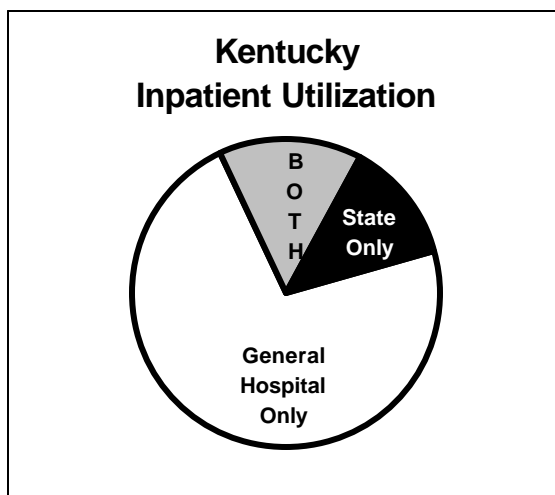
This week's PIP provides an overview of the rate at which individuals who received community mental health services in Kentucky and Vermont during 2001-2002 also received inpatient behavioral health care services during the same year. The inpatient behavioral health care (mental health and substance abuse) services in this study include inpatient care provided in state hospitals and inpatient behavioral health care provided in general hospitals. These findings were presented earlier this month at the Fourteenth Annual NASMHPD Research Institute Conference on State Mental Health Agency Services Research, Program Evaluation, and Policy.

The rate at which community mental health service recipients are hospitalized for behavioral health care can be interpreted from at least three perspectives. Most commonly, hospitalization rates for community mental health service recipients are used to measure treatment outcomes. The data used to support the "outcomes" interpretation focus on hospitalization after receipt of community services. The rate at which individuals discharged from inpatient care are admitted to community mental health programs is a powerful measure of access to community care for individuals in a high need population. The data used to support the access interpretation focus on receipt of community services after hospitalization. Finally, hospitalization rates can be interpreted as an indication of practice patterns, the types of treatment provided to individuals with mental and psychiatric disorders, within a geographical region. The data used to support this interpretation focus on rates of hospitalization during the same period as community-based services. The current study is best characterized as a practice pattern.

The data used in this analysis were extracted from standard administrative data sets available in most states. Community mental health and state hospital data were provided by state mental health authorities. General hospital behavioral health patient data were extracted from the standard Hospital Discharge Data Set maintained by the departments of public health in Vermont and Kentucky. Because these data sets do not include personally identifying information, Probabilistic Population Estimation was used to determine the number of people shared by the community mental health and the inpatient data sets. Only three data elements from each data set were used in this analysis: date of birth, gender, and region of residence. As such, these data sets are HIPAA compliant "limited data sets" as defined in 45 CFR 164.514(e).

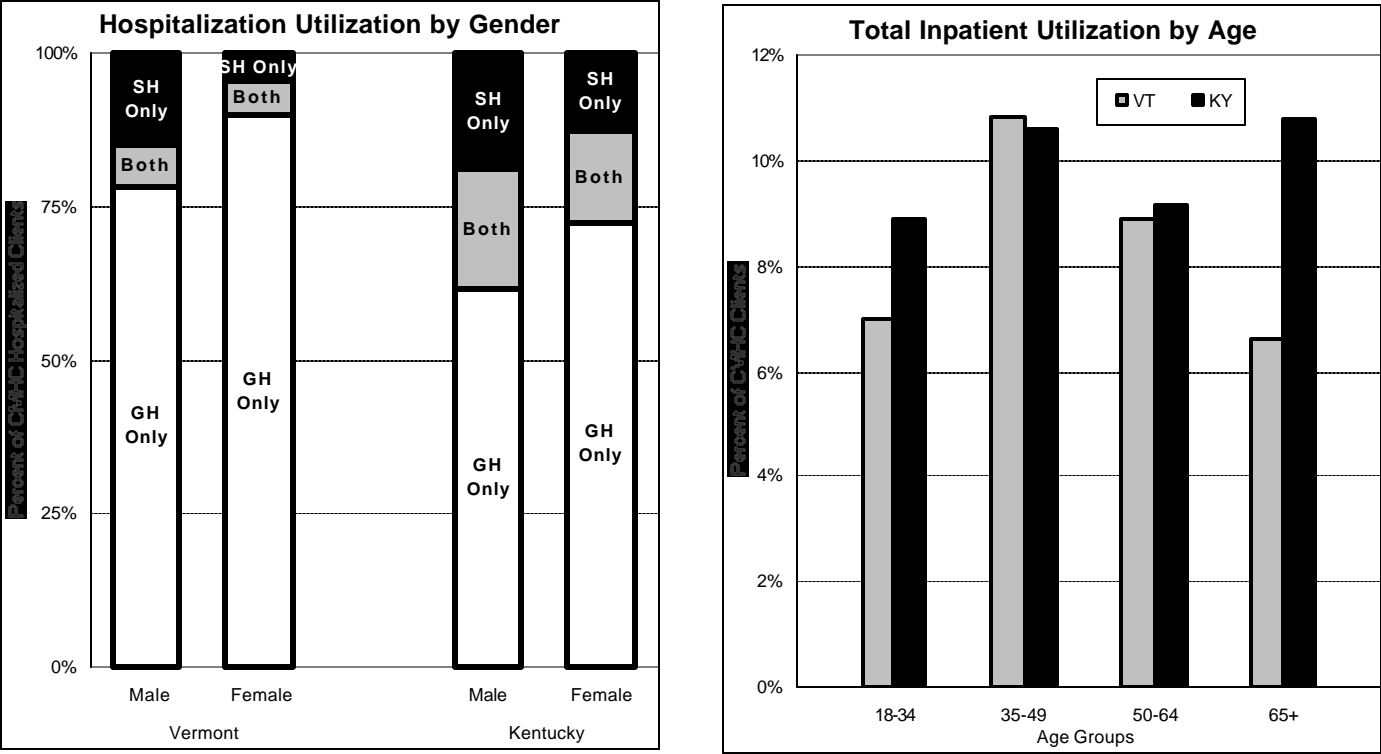


There was a great deal of variation in utilization of inpatient behavioral health care services among service areas in Kentucky and Vermont. Overall inpatient behavioral health care utilization rates varied from less than 3% of all adult CMHC service recipients in Bennington County, Vermont to more than 17% of adult CMHC service recipients in Rutland County, Vermont. In Kentucky, inpatient behavioral health care utilization rates varied from almost 5% of all adult recipients of mental health services from the Comprehend Regional Board to almost 13% from the NorthKey Regional Board.



In both states the greatest proportion of hospitalized CMHC clients were only served in general hospitals, 72% in Kentucky and 84% in Vermont. In Kentucky, 28% of the hospitalized CMHC clients spent time in a state hospital; 13% were only hospitalized in a state hospital and 15% were hospitalized in both state and general hospitals. In Vermont, 26% of the hospitalized CMHC clients spent time in a state hospital; 16% were only hospitalized in a state hospital and 10% were hospitalized in both state and general hospitals.

In both Kentucky and Vermont, men who received inpatient behavioral health care were more likely than women to be hospitalized in a state hospital (39% vs. 28% in Kentucky and 22% vs. 10% in Vermont), and women were more likely than men to be hospitalized in a general hospital (87% vs. 82% in Kentucky and 95% vs. 85% in Vermont).



Kentucky and Vermont CMHC client hospitalization rates were similar for the 35-49 age group (11% in both states) and for the 50-64 age group (9% in both states). Kentucky, however, had significantly higher hospitalization rates for the 18-34 age group (9% vs 7%) and the 65+ age group (11% vs. 7%).